Los ringeles County Sheriff's Department Officer Involved Shooting

1 of 5 Page Report Date: Bureau/Station/Facility Admin, Invest.? Hit? 1 North Patrol Division / Lancaster Station 11/25/2018 Incident Information Date: 018-24528-1127-056 11/25/2018 1603 Hours City or Station: Nature of Incident: Lancaster The suspect threatened to stab two victims with a knife. The Location suspect also threatened to stab and aggressed the responding 48th Street West and West Avenue J-5, Deputy when the shooting occurred. Lancaster, CA 93536 Location Type Lighting (check only one): Incident Type (check one or more): Initiated by (check only one): (check one or more): Accidental Arrest Warrant Backyard Darkness Armed Person Daylight Call Beach Fleeing Suspect Observation Other Business Foot Pursuit One Person Unit Freeway Street Lights **Gun Take Away** Other Industrial Moving Vehicle Weather (circle only one): Search Warrant Sniper/Ambush Park Two Person Unit Clear Parking Lot Startle Cloudy Residence Struggle Involved Prior Activity (check only one); Fog Rain Traffic Stop Rural Detective **Unarmed Person** School Inmate Transport Unintentional **✓** Street Other Distance Vehicle Pursuit 10 - 15 Feet Other Routine Patrol Warrant Service Total # of Shots Fired by Deputy | Total # of Shots Fired by Suspect Warning Shot Aero Unit? Canine Unit? 5 0 Other: **Employee Witnesses** Employee # Last Name First Name ShiftTime (check only one): ShiftType (check only one) Lee Jonathan A EM PM Day Regular Overtime Off Duty Employee # Last Name First Name ShiftTime (check only one): ShiftType (check only one): Goffigan Elijah ■ EM PM ■ Day Regular Overtime Off Duty ShiftType (check only one)
Regular Overtime Off Duty ShiftTime (check only one): Employee # Last Name First Name EM PM Day Non-Employee Witnesses Last Name MJ. First Name Street Addn City Last Name First Name Street Add City Zip Work I Last Name First Name Street Addre Zip Supervisors Employee # (check one or more): Last Name First Name ✓ On Duty Witness to shooting Present during shooting Involved in shooting First Name Employee # Last Name M.I (check one or more): ✓ On Duty Witness to shooting Politano Michael Present during shooting Involved in shooting Watch Sergeant Last Name First Name M.I. Arcidiacono Frank J. Watch Commander Last Name Employee # First Name I M Amold Layne B.

PSTO Use Clark	
SH#	

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Arrival Date	11/25/2018	Arrival Time 2000 hours	Date Submitted 11/26/2018	Date of Recommendation	11/25/201	8
Employee #	Last Name		First Nam	ne III	M.I.	
Employee #	Last Name	Casti	flo First Nam	Maricella	M.I.	
Employee #	Last Name	Dini	First Nam	Minh	M.t.	G.
		Shoot	ing / Force Information	multiplice a still map st		1. NO. 18

Meth	od					TV	pe of Injury	V		Bod	y Par	t injured
(AW) (BC) (BC) (BC) (BC) (CCH) (CCH) (CCH) (CCC)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Genine Carotid Restraint Choke Hold Control Holds:(Control Tec Control Holds:(Team Take Control Holds:(Tekedown) Chemical Agents (OC Spr. Chemical Agents (Tear Ge Explosives Firearm (Handgun) Firearm (Shotgun) Firearm (Shotgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	ay)	(OB) (OG) (OG) (PK) P (PS) P (PH) P (PP) P (PP) P (RS) R (CN) R (RH) R (HB) R (RE) R (SE) S (SH) S (SB) S (ST) S (TR)	other Weapo ersonal Wei ersonal Wei ersonal Wei ersonal Wei ersonal Wei ersonal Tesistance estraint Dev estraint Dev estraint Dev estraint Dev	n: Blunt Object n: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Sweep) apon (Hand/Arm) apon (Push) apon (Other) ice (Capture Net) ice (Handcuffs) ice:Hobble (Legs Only) ice:REACT Belt	(AB) (BR) (CP) (CO) (DH) (DI) (DB) (FR) (GS) (HB) (LC) (ND) (OD) (PA) (PW) (SD)	Abresion Bruise Burn Complaint Concussio Death Dislocation Dog Bite Fractures Gunshot Human Bit Laceration Nerve Dar Organ Dar Parelysis Puncture \ Soft Tissu Sprain/Tw	of Pain		AAKAKAKATHUAAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKA	Abi Ann Bau Bu Bu Ch Eth Far Fir Ge Grid Hail Hail Hail Hail Hail Hail Hail Hail	domen kle m ck ttocks eat cow ce et spirals
Bran (AK) (BN) (BR) (CH) (CO) (DA) (GL) (HA) (HK) (IT)	d AK-47 Benelli Beretta Browning Charter Arma Colt Davis Industries Glock Harrington & Richardson Hi Standard H & K Ithica	(IV) (JE) (LU) (MA) (MO) (NC) (NA) (NO) (RA) (RM) (RG) (RI)	Iver Johnson Jennings Lorcin Luger Martin Mosaberg NC1 aka SICS North American Norinco Raven Remington RG RG1	(RO) (SW) (SR) (SS) (ST) (TA) (WE) (WN) (US) (YY) (XX) (Z2)	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(RM (NN (NN 10) (12) (20) (21) (22) (23)) NONE	(24) (25) (30) (35) (36) (38) (40)	,243 cal ,25 calit ,308 cal ,357 cal 30-60 c ,38 calit ,40 calit	ber iber iber aliber ser	(41) (44) (45) (50) (SL) (WW)	.410 guage .44 caliber .45 caliber 50 mm Slug Other calibe

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S #1	E#1	OE	ZZ	N/A	N/A	N/A	NN	N/A
E #1	S#1	FH	SW	9	Y	Υ	GS	AD
			-					
Control								

Officer Involved Shooting Involved Employee Information

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Employee #	Last Name		Driscoll			First N	ame Parke	er M.I.	
Sex: M Race: W	Rank: DSG		Unit Assignment Lancas	nt: ster Sta	ation	Work As	signment (Unit #, Module, 111)	etc.):	
ShiftTime (circle only one):	ShiftType (circle only one): Regular Overtime		Intoxication/Dr	ug Usage	?	Substan	ce Used:		
Hospital Admission?	Hospital Name:		Coroner Case	7		Coroner	Case #	Interviewed	
Hrs of sleep prior to shoot 7-8 hours Age: Height:		Plain Plain	(circle only one) Clothes no Vest Clothes w/ Vest Jacket no Vest	Uniform	cket w/ Vest	Other F	actors:	•	
Range Qualification Date			alification Date:				Laser Training Date:		
Certified with Weapon Used?	Patrol Certification?	Certifica	ation Unit:		Prior Shoot	tings?	Number of Prior Shootings:	Directed Force:	
	& Wesson Caliber 9m	m #S	hots 5	Weapon Brend:	s Fired		Caliber	# Shots	
Field Training Officer Em	ast Name					First Na	ime	M.I.	
Field Training Officer Em	p #					First Na	ame	M.C.	
Employee #	Last Name					First N	ame	M.I.	
Sex: Race:	Rank:		Unit Assignme	nt:	Work Assignment (Unit #, I			etc.):	
ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime		Intoxication/Dr	Intoxication/Drug Usage?		Substance Used:			
Hospital Admission?	Hospital Name:		Coroner Case?		Coroner Case #		Interviewed		
Hrs of sleep prior to shoo Age: Height		(circle only one). Clothes no Vest. Reid Jacket w/ Vest. Clothes w/ Vest. Uniform no Vest.		Other F	actors:	1			
Range Qualification Date		PPC Qualification Date:				. All			
Certified with Wespon Used?	Patrol Certification?	Certifica	ation Unit:		Prior Sho	otings?	Number of Prior Shootings:	Directed Force:	
Weapons Fired Brand:	Caliber	#8	hota	Weapon Brand:	s Fired		Caliber	# Shots	
Field Training Officer Em	p# Last Name					First No	ime	M.I.	
Field Training Officer Em				First Na	ame	M.I.			
Employee #					First N	ame	M.I.		
Sex: Race:	Rank:		Unit Assignme	Unit Assignment: Work Assignment (Unit #, Modu			signment (Unit #, Module,	etc.):	
ShiftTime (circle only one)			Off Duty Intoxication/Drug Usage?			Substance Used:			
Hospital Admission?	Hospital Name:	Coroner Case?			Coroner Case #		Interviewed		
Hrs of sleep prior to shoo	ting: Duty Time (hrs):		(circle only one): Clothes no Vest	(circle only one):		Other F	actors:		
Age: Height	Weight:	Plain	Ciothes w/ Vest Jacket no Vest	Uniform	n no Vest				
	PPC Qu	alification Date:				Laser Training Date:			
Range Qualification Date	Certified with Weapon Patrol Certification?			Certification Unit: Prior Sh		olinos 2 F	Number of Prior	Directed Force:	
Certified with Weapon Used?						Outiga:	Shootings:		
Certified with Weapon	Patrol Certification?		ation Unit:	Weapor Brand:	Pnor Sho	Outigat	Shootings: Caliber	# Shots	

Officer Involved Shooting Suspect Information

URN:

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	Calendar W. M. William	en a manage at a	uspecti	nformation		
1	Last Name	Sanchez		First Name	Eduardo	M.I.
	AKA Last Name			First Name		M.i.
	Sex: M Race: H	H Street Addresse City				State & Zip Code:
	Work Phone:	Home Phone:	Social Secu	urity #:	Driver's Licens	
	Age: 21 D.O.B. 07/27/1997		FBI#		Cli #	
	Booking # 5481205	Primary Charge: 245(C)	PC	Secondary Charge:	245(a)(1) PC	
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	_
	Armed?	Apprehended?		Mental läness? ✓	Criminal History?	
	Vehicle Make Mode	I: Year;	Paro	le: Probation:	Prior Felony	Conviction:
	Last Name			First Name		M.I.
	AKA Last Name			First Name		M.ł.
	Sex: Race:	Street Address:		City	•	State & Zip Code:
	Work Phone:	Home Phone:	Social Sec	urity #:	Driver's License #:	
	Age: D.O.B.	Height: Weight:	F91#		Cil #	
	Booking #	Primary Charge:		Secondary Charge:		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
	Armed?	Apprehended?		Mental Iliness?	Criminal History?	
	Vehicle Make Model	Year.	Parol	le: Probation:	Prior Felony	Conviction:
	Last Name		~~~~~	First Name		M.3.
_	AKA Last Name			First Name		M.i.:
	Sex: Race:	Street Address:		City	State & Zip Code	
	Work Phone:	Home Phone:	Social Sec	urity #:	Driver's License #:	
	Age; D.O.B.	Height: Weight:	F81#			
		Trangitt.			CH#	•
	Booking #	Primary Charge:		Secondary Charge:	CH#	
	Booking # Coroner Case?			Secondary Charge:	CH#	
		Primary Charge:				
	Coroner Case?	Primary Charge: Coroner Case # Apprehended?	Paro	Intoxication/Drug Usage?	Substance Used: Criminal History?	Conviction:
	Coroner Case?	Primary Charge: Coroner Case # Apprehended?	Paro	Intoxication/Drug Usage?	Substance Used: Criminal History?	Conviction:
	Coroner Case? Armed? Vehicle Make Mode	Primary Charge: Coroner Case # Apprehended?	Parol	Intoxication/Drug Usage? Mental litness? Probation:	Substance Used: Criminal History?	
	Coroner Case? Armed? Vehicle Make Mode Last Name	Primary Charge: Coroner Case # Apprehended?	Paro	Intoxication/Drug Usage? Mental litness? le: Probation: First Name	Substance Used: Criminal History?	M.I.
	Coroner Case? Armed? Vahicle Make Mode Last Name AKA Last Name	Primary Charge: Coroner Case # Apprehended? Year:	Parol Social Sec	Intoxication/Drug Usage? Merital litness? Probation: First Name First Name City	Substance Used: Criminal History?	M.I.
	Coroner Case? Armed? Vehicle Make Mode Last Name AKA Last Name Sex: Race:	Primary Charge: Coroner Case # Apprehended? Year: Street Address:		Intoxication/Drug Usage? Merital litness? Probation: First Name First Name City	Substance Used: Criminal History? Prior Felony	M.I.
	Coroner Case? Armed? Vehicle Make Mode Last Name AKA Last Name Sex: Race: Work Phone:	Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone:	Social Sec	Intoxication/Drug Usage? Merital litness? Probation: First Name First Name City	Substance Used: Criminal History? Prior Felony Driver's License #	M.I.
	Coroner Case? Armed? Vahicle Make Mode Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight:	Social Sec	Intoxication/Drug Usage? Merital litness? Probation: First Name First Name City surity #: Secondary Charge:	Substance Used: Criminal History? Prior Felony Driver's License #	M.I.
	Coroner Case? Armed? Vehicle Make Mode Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight: Primary Charge:	Social Sec	Intoxication/Drug Usage? Mental litness? Probation: First Name First Name City surity #:	Substance Used: Criminal History? Prior Felony Driver's License #: Cli #	M.L.

SUPPLEMENTAL NON-EMPLOYEE WITNESSES Los Angeles County Sheriff's Department

Page 5 of 5 Non-Employee Witnesses Last Name First Name Street Address Zip Code Work P Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name MI First Name Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph